

Application for Employment

Please fill out this form completely for employment consideration. Print and email or hand in in person when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap. We are an equal opportunity-employer.

Personal Information

Full Legal Name:

Birthdate:

Street Address:

City, State, Zip:

How long at the present address?

Phone Number:

Are you over 18 years of age?:

If not, employment is subject to verification of minimum legal age.

Social Security Number:

How did you learn of our organization?:

Are you legally eligible for employment in the United States?:

Work Availability:

Are you employed now? If so, may we inquire with your present employer?:

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by court?:

If yes, describe in full.

Are there any reasons for which you might not be able to perform job duties (with reasonable accommodation)?:

If yes, please explain.

Driver's License #

State

Any Violations?

Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College					
High					
Trade School					
Other					

Military

Complete this section if you served in the U.S Armed Forces	Branch of service
	Period of Active Duty (Month & Year) From To
Describe your duties and any special training	Rank at Discharge
	Date of Final Discharge

Employment History Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1.

Company Name	Telephone
Address	Employed (Start Month and Year) From To
Name of Supervisor	Hourly Rate Start Last
Start Job Title and Describe Your Work	Reason for Leaving

2.

Company Name	Telephone
Address	Employed (Start Month and Year) From To
Name of Supervisor	Hourly Rate Start Last
Start Job Title and Describe Your Work	Reason for Leaving

3.

Company Name	Telephone
Address	Employed (Start Month and Year) From To
Name of Supervisor	Hourly Rate Start Last
Start Job Title and Describe Your Work	Reason for Leaving

4.

Company Name	Telephone
Address	Employed (Start Month and Year) From To
Name of Supervisor	Hourly Rate Start Last
Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact:
Employer Number(s):
Reason:

References

Give below the names of three persons not related to you, whom you have known for at least 1 year.

Name:	Address:	Business:	Phone Number:
1			
2			
3			

The information provided in this employment application is true, correct, and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature